

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**LICENSURE AND CERTIFICATION**

**DDS FOLLOW-UP REPORT**

Provider THE SHARED LIVING COLLABORATIVE Provider Address 43 Highland Road , Merrimac  
 Survey Team Downing, John; Stomboly-Lorenzo, Michelle; Date(s) of Review 12-MAY-21 to 14-MAY-21

<b>Follow-up Scope and results :</b>						
Service Grouping	Licensure level and duration	# Critical Indicators std. met/ std. rated at follow-up	# Indicators std. met/ std. rated at follow-up	Sanction status prior to Follow-up	Combined Results post-Follow-up; for Deferred, License level	Sanction status post Follow-up
Residential and Individual Home Supports 13 Locations 13 Audits	2 Year License		11/11	<input checked="" type="checkbox"/> Eligible for new business (Two Year License)  <input type="checkbox"/> Ineligible for new business. (Deferred Status: Two year mid-cycle review License)	2 Year License	<input checked="" type="checkbox"/> Eligible for New Business (80% or more std. met; no critical std. not met)  <input type="checkbox"/> Ineligible for New Business (<=80% std met and/or more critical std. not met)

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**Summary of Ratings**

**Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS**

<b>Indicator #</b>	L10
<b>Indicator</b>	Reduce risk interventions
<b>Area Need Improvement</b>	For one of the three individuals surveyed, the agency did not have a plan to implement when her behaviors posed a risk to herself. The agency needs to ensure there are risk plans in place for all individuals whose behavior may pose a risk to themselves or others.
<b>Status at follow-up</b>	The survey identified one individual who required a safety plan and did not have one. The agency reviewed all individuals supported to identify risk, risk types and the need for a risk plan. All of the individuals within the sample for whom risk was identified, the agency had developed a risk plan and providing training to life coaches and home care providers.
<b>#met /# rated at followup</b>	4/4
<b>Rating</b>	Met

<b>Indicator #</b>	L35
<b>Indicator</b>	Preventive screenings
<b>Area Need Improvement</b>	In some instances, some individuals had not received some key screenings and immunizations. The agency needs to insure that its staff review recommendations outlined in the DDS Adult Screening Checklist with the individuals' health care practitioners to ensure that individuals are supported to receive these screenings.
<b>Status at follow-up</b>	None of the persons supported by the agency have had an annual physical within the past 60 days. The agency has enhanced its medical policy with respect to routine preventative screenings by requiring any staff/home provider who is attending an annual physical appointment to bring and discuss the DDS Annual Health Screening Recommendations with the Primary Care Physician to ensure preventive screenings are reviewed, ordered and scheduled.
<b>#met /# rated at followup</b>	
<b>Rating</b>	Not Rated

<b>Indicator #</b>	L49
<b>Indicator</b>	Informed of human rights

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<b>Area Need Improvement</b>	The agency's "Statement of Human Rights and Grievances", which is reviewed with individuals and sent to guardians annually, was missing pertinent human rights information including, the individuals' right to vote, protection from private/public exploitation, the right to basic goods and services. Additionally, information on how to file a grievance and contact information was missing from the document. The agency needs to ensure that its human rights training and guardian documentation is inclusive of all rights, includes the names and contact of who they can contact when they have a concern, and should include how to file a grievance.
<b>Status at follow-up</b>	The agency has revamped its annual human rights training curriculum that contains all of the required components, inclusive of the grievance procedure and how to file a grievance. All individuals sampled had received the new training.
<b>#met /# rated at followup</b>	12/12
<b>Rating</b>	Met

<b>Indicator #</b>	L63
<b>Indicator</b>	Med. treatment plan form
<b>Area Need Improvement</b>	Medication treatment plans for those prescribed behavior modifying medications were missing two critical components, baseline and/or historical data and clinical indications for fading or terminating the medication. The agency needs to ensure that the plans include data from which to measure the success of the medication over time, and some criteria for re-evaluation, including a measure of success, and a plan to fade or discontinue the medication based on the re-evaluation.
<b>Status at follow-up</b>	The agency has begun working on developing and maintaining data for the behavior modifying medication treatment plans. The medication treatment plans should include measurable outcomes for when a medication might be challenged. The agency needs to define and individualize "significant clinical improvements". Additionally, if "alternative medications" have been tried and unsuccessful in the past, this medication should be listed on the medication treatment for future reference. Finally, the medication treatment plan should also include the start dates of medications and doses/dose changes of medications to clearly ascertain the level of effectiveness of the medication.
<b>#met /# rated at followup</b>	11/11
<b>Rating</b>	Met

<b>Indicator #</b>	L64
<b>Indicator</b>	Med. treatment plan rev.

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<b>Area Need Improvement</b>	For two people with medication treatment plans, the plans had not been submitted for review by the ISP team. The agency needs to ensure that medication treatment plans are included in ISP's.
<b>Status at follow-up</b>	Medication treatment plans for sampled individuals had been uploaded into HCSIS and reviewed by the required groups.
<b>#met /# rated at followup</b>	4/4
<b>Rating</b>	Met

<b>Indicator #</b>	L67
<b>Indicator</b>	Money mgmt. plan
<b>Area Need Improvement</b>	In some instances where the agency had oversight of financial management responsibilities for individuals, money management plans were missing training plans for developing skills and assisting the individual to become more independent with money management. In other instances, the money management plans did not include information on the agency's role in assisting the individual with managing their funds, including monthly budgets and the agency's role in oversight.
<b>Status at follow-up</b>	All of sampled individuals for whom the agency has shared or delegated money management responsibility had money management plans with training plans containing the required components.
<b>#met /# rated at followup</b>	10/10
<b>Rating</b>	Met

<b>Indicator #</b>	L69
<b>Indicator</b>	Expenditure tracking
<b>Area Need Improvement</b>	In some instances, receipts had not been obtained for expenditures exceeding \$25. In other instances, the agency was issuing checks from individuals' personal checking accounts to the home care provider for expenditures to be made by the individual. The agency needs to ensure that receipts are obtained for all purchases over \$25, and that it is not writing checks out to home care providers for money to be used by the individual for monthly expenditures.
<b>Status at follow-up</b>	The agency was documenting and tracking expenditures for each person within the follow-up sample.
<b>#met /# rated at followup</b>	9/9
<b>Rating</b>	Met

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<b>Indicator #</b>	L70
<b>Indicator</b>	Charges for care calc.
<b>Area Need Improvement</b>	The charges for care notifications did not include how the charges were determined (calculations were not present). Charges for care notifications did not include the agency's process relative to those whose income was recurrent. The agency needs to ensure that the charges for care notifications include the calculations. The charge must be updated Annually or as circumstances change, including changes in recurrent income.
<b>Status at follow-up</b>	The agency has added the actual calculations of each person's charges for care to their money management plans.
<b>#met /# rated at followup</b>	11/11
<b>Rating</b>	Met

<b>Indicator #</b>	L71
<b>Indicator</b>	Charges for care appeal
<b>Area Need Improvement</b>	Although the charges for care/room and board notification did include the right to appeal statement, it did not include an explanation of the appeal process and who to contact. The agency needs to include what the process is for appealing charges for care, and information on who to contact within the agency when there are questions relative to these charges.
<b>Status at follow-up</b>	The agency has added the required information regarding the right to appeal charges for care, the person to contact and the contact information. The agency audits charges for care on a monthly basis and has implemented a new system of notification on a monthly basis whenever there is a change that impacts the amount being charged and a reminder of the right to appeal.
<b>#met /# rated at followup</b>	11/11
<b>Rating</b>	Met

<b>Indicator #</b>	L85
<b>Indicator</b>	Supervision

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<b>Area Need Improvement</b>	At some locations, the agency had not consistently provided adequate oversight and support to home care providers relative to oversight of systems. For example, in some locations, oversight of medical systems including missed required appointments and changes in medications had not been reviewed, and oversight of ISP implementation was not occurring. The agency needs to insure it provides home care provides adequate support and oversight to ensure these issues are identified and corrected, and that adequate training and review occurs as needed.
<b>Status at follow-up</b>	The agency has enhanced its Monthly Monitoring Report to include key items to be reviewed, discussed and documented in order to demonstrate there is ongoing supervision through the chain of support, oversight and communication of crucial issues such as health care and medications is occurring regularly and staff development is addressed in a timely and ongoing basis.
<b>#met /# rated at followup</b>	11/11
<b>Rating</b>	Met

<b>Indicator #</b>	L86
<b>Indicator</b>	Required assessments
<b>Area Need Improvement</b>	In some instances, required assessments were not submitted within the required timelines. The agency needs to ensure that assessments are completed and submitted through HCSIS at least 15 days prior to the scheduled ISP.
<b>Status at follow-up</b>	All of the individuals sampled whose ISP occurred since the SEM have had their assessments completed and submitted within the required timelines.
<b>#met /# rated at followup</b>	3/3
<b>Rating</b>	Met

<b>Indicator #</b>	L87
<b>Indicator</b>	Support strategies
<b>Area Need Improvement</b>	In some instances, support strategies had not been submitted in a timely manner. The agency needs to ensure that support strategies are completed and submitted through HCSIS at least 15 days prior to the scheduled ISP.
<b>Status at follow-up</b>	All of the individuals sampled whose ISP occurred since the SEM have had their support strategies and objectives completed and submitted within the required timelines.
<b>#met /# rated at followup</b>	2/2

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<b>Rating</b>	Met
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